CONDITION

Dislocation

A dislocation happens when the bones in a joint are forced out of their normal positions.

WHAT IT IS
Complete separation of the bones forming a joint

BODY SYSTEM
Bones, joints, muscles, and connective tissues

MAIN SYMPTOMS
Sudden pain, deformity, swelling, inability to move

WHAT CAUSES IT
Trauma, joint instability, or unusually loose ligaments

HOW IT IS DIAGNOSED
Physical examination and X-rays; sometimes CT or MRI

MAIN TREATMENT
Joint reduction, temporary support, rehabilitation, sometimes surgery

CAN IT BE CURED?
Sometimes - alignment returns, but instability can remain

IS IT AN EMERGENCY?
Sometimes - poor circulation, nerve symptoms, open injury, or hip dislocation

LONG-TERM OUTLOOK
Most recover, though stiffness or repeat dislocation can occur

Overview

A dislocation happens when the bones that meet at a joint are pushed completely out of their normal positions. A partial dislocation is called a subluxation .

Any joint can be dislocated. The shoulder, fingers, kneecap, elbow, jaw, and hip are among the joints that can be affected. Dislocations often follow a fall, collision, twisting injury, or other forceful movement.

A dislocation is different from a sprain. A sprain stretches or tears the ligaments that hold a joint together. A dislocation separates the joint surfaces and usually also injures nearby ligaments or other soft tissues.

A suspected dislocation needs prompt medical assessment. The joint may need to be put back into position, a procedure called reduction . Assessment is also important because the injury

can affect bones, nerves, blood vessels, tendons, or cartilage.

Do not try to force a dislocated joint back into place yourself. Moving it without proper assessment can worsen a fracture or damage nearby nerves and blood vessels.

Symptoms

Symptoms usually begin immediately after an injury. The joint may look clearly out of place, although swelling or the joint's location can hide the deformity.

Common symptoms include:

Numbness, tingling, weakness, or loss of feeling may mean that a nerve has been stretched or compressed. A pale, blue, or cold limb beyond the injury can mean that blood flow is affected and needs emergency attention.

A joint can sometimes move back into place before you are examined. Pain, swelling, instability, and damage inside the joint may still be present, so medical assessment remains important.

- Sudden, severe joint pain
- A joint that looks bent, shortened, or misshapen
- Swelling and bruising
- Inability to move the joint normally or put weight through it
- A feeling that the joint has slipped or popped out

Causes and risk factors

Most dislocations are caused by trauma. Examples include landing on an outstretched hand, twisting a knee, receiving a direct blow during sport, or being involved in a road collision.

The direction and force of the injury affect which joint structures are damaged. A shoulder may dislocate after the arm is forced backward or overhead. The kneecap commonly moves toward the outside of the knee. A hip dislocation usually requires substantial force, although a replaced hip can dislocate more easily.

Factors that can make dislocation more likely include:

Seizures or electric shocks can occasionally cause powerful muscle contractions that dislocate a joint, especially the shoulder.

Some hip problems in babies develop before or shortly after birth. These are usually described

as developmental dysplasia of the hip and are different from an acute traumatic dislocation.

- A previous dislocation in the same joint
- Ligaments that remain loose after an earlier injury
- Naturally flexible or unusually loose joints
- Inherited connective tissue conditions that affect ligaments
- Contact sports, falls, or repeated overhead movements
- Poor muscle control around an injured joint
- A joint replacement

Diagnosis

A healthcare professional will ask how the injury happened and examine the joint. They will look at its position, swelling, skin, and ability to move. They will also check sensation, muscle function, pulses, skin colour, and temperature beyond the injury.

X-rays usually confirm the dislocation and show whether a bone is also broken. Imaging may be repeated after reduction to confirm that the joint is properly aligned.

A CT scan gives more detailed pictures of bone. It may be used for a complex fracture, a hip dislocation, or an injury that is difficult to understand on standard X-rays.

An MRI scan shows ligaments, tendons, cartilage, and other soft tissues. It is not always needed immediately, but it may be considered if pain or instability continues, or if a significant tendon, ligament, or cartilage injury is suspected.

Treatment and management

The immediate aim is to protect the joint and restore its normal alignment safely. Until help is available, keep the joint supported in the position you found it. Avoid testing its movement or trying to straighten it. Wrapped ice may help limit swelling, but ice should not be placed directly on the skin.

Reduction is usually performed by a trained healthcare professional. Pain relief, local anaesthetic, sedation, or occasionally a general anaesthetic may be used, depending on the joint and injury. Gentle, controlled movements guide the bones back into position.

Pain often improves quickly after a successful reduction, but the injured tissues still need time to heal. A sling, splint, brace, or other support may be used for a limited period. The suitable

support and length of use differ by joint, age, and associated injuries.

Rehabilitation helps restore movement, muscle strength, balance, and joint control. Starting movement too early may stress healing tissue, while keeping some joints still for too long can cause stiffness. Follow the rehabilitation plan given for the specific joint rather than testing it through pain.

Surgery is not needed for every dislocation. It may be considered when:

After treatment, return to work, driving, exercise, and sport should be gradual. Safe timing is based on comfort, movement, strength, joint stability, and the demands of the activity.

- The joint cannot be reduced without an operation
- A fracture, trapped tissue, or major tendon injury is present
- A nerve or blood vessel has been damaged
- The joint remains unstable
- Dislocations keep happening
- The skin has been broken over the injury

Complications

A dislocation can injure more than the visible joint. Ligaments may stretch or tear, and nearby tendons, muscles, cartilage, nerves, or blood vessels can also be damaged. A fracture may occur at the same time.

Possible longer-term problems include stiffness, weakness, ongoing pain, or a feeling that the joint may give way. Some people develop repeated dislocations because the supporting tissues remain loose or damaged.

Damage to joint cartilage can contribute to osteoarthritis later in life. Osteoarthritis is the gradual wearing and change of the joint surface, which may cause pain and reduced movement.

Loss of blood supply to part of a bone is called avascular necrosis . This is an important concern after some hip dislocations and certain other joint injuries. Prompt reduction helps limit the time the joint remains displaced, but it cannot remove every risk.

Complications are more likely after high-force injuries, delayed treatment, open injuries, associated fractures, or repeated dislocations.

Prevention

Not every dislocation can be prevented. Falls, collisions, and unexpected twisting injuries can happen even when you take reasonable precautions. Natural joint looseness and inherited connective tissue conditions cannot be prevented.

You may be able to lower the risk by using suitable protective equipment for sport or work, learning safe movement techniques, and improving strength and balance. Reducing fall hazards at home may help if you have problems with balance or mobility.

After a dislocation, completing rehabilitation is especially important. Strong muscles and good joint control may reduce instability, although they cannot guarantee that the joint will not dislocate again.

If you have a joint replacement, follow the movement and activity advice provided for that specific joint. Some positions can raise the risk of dislocation during recovery.

Living with it and what to expect

Recovery can take weeks to months. The time needed depends on the joint, the force of the injury, whether other structures were damaged, and whether surgery was required. A simple finger dislocation and a hip dislocation do not have the same recovery course.

Pain and swelling usually settle gradually after the joint is reduced. Stiffness and weakness may last longer. Rehabilitation often changes over time, moving from protected motion toward strengthening, coordination, and a gradual return to normal activities.

Many people regain useful movement and return to their usual activities. Some are left with reduced movement, discomfort, or instability. Repeat dislocation is a particular concern after some shoulder and kneecap injuries, especially when the supporting tissues remain loose.

If instability continues over several months, further assessment may look for ligament, cartilage, tendon, or bone damage. Treatment may include a revised rehabilitation plan, activity changes, a brace for selected activities, or surgery.

Follow-up after reduction is not the same as emergency care. Routine follow-up checks healing, movement, strength, and joint stability. Attend it even if the joint feels much better, because some associated injuries are not obvious at first.

When to get medical help

Seek urgent medical care for any joint that appears dislocated, even if it moves back into place

by itself. The joint may need imaging, support, or treatment for hidden damage.

Call emergency services if the injury involves:

While waiting, keep the injured area still and supported. Do not pull on it, test its movement, or try to push it back into place.

After treatment, get prompt medical advice if pain or swelling is getting worse rather than better, the splint or brace feels increasingly tight, new numbness develops, or the joint looks out of place again. Fever, spreading redness, drainage, or increasing warmth around a wound also needs assessment.

Routine follow-up is appropriate for ongoing stiffness, weakness, clicking, or a sense that the joint may give way. These symptoms are not always emergencies, but they can affect rehabilitation and long-term stability.

- A pale, blue, or cold hand, foot, arm, or leg
- Loss of feeling, worsening numbness, or marked weakness
- Heavy bleeding or bone visible through a wound
- A severe road collision, fall from height, or crushing injury
- A suspected hip dislocation after trauma
- Signs of shock, such as faintness, confusion, or clammy skin

Common questions

Can a dislocation go back in by itself?

Yes. Some joints return to position before medical assessment. This is called spontaneous reduction. You should still have the injury checked because a fracture, ligament tear, nerve injury, or ongoing instability may remain.

Can I pop a dislocated joint back into place?

No. Forceful or poorly controlled movement can worsen a fracture or injure nerves and blood vessels. Keep the joint supported and seek urgent medical care.

How long does a dislocation take to heal?

Healing commonly takes several weeks, while strength, movement, and confidence may take months to recover. The joint involved and any associated fracture, tendon injury, or surgery make a major difference.

What is the difference between a dislocation and a subluxation?

A dislocation means the joint surfaces have completely separated. A subluxation is a partial separation, with some contact remaining between the joint surfaces. Both can damage supporting tissues.

Will my joint dislocate again?

It can. Repeat dislocation is more likely if ligaments remain loose, bone or cartilage was damaged, or rehabilitation does not restore enough strength and control. The risk also differs between joints and injuries.

Does every dislocation need surgery?

No. Many are treated with closed reduction, temporary support, and rehabilitation. Surgery may be needed for associated damage, persistent instability, repeated dislocations, or a joint that cannot be reduced safely without an operation.

Sources

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